



Managed Risk Medical Insurance Board

1000 G Street, Suite 450

Sacramento, CA 95814

(916) 324-4695 FAX: (916) 327-6245

www.mrmib.ca.gov

JOB OPPORTUNITY BULLETIN

*Join an exciting, fast-paced, and highly visible office!
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Associate Governmental Program Analyst

Monthly Salary: \$4,400 - \$5,348

One Permanent Full-Time Position

Location: Downtown Sacramento

Position Number: 443-100-5393-731

Refer to Job ID#10-BQM-004

Final Filing Date: August 31, 2010

General Statement of Duties:

Under the supervision of the Staff Services Manager I, the Associate Governmental Program Analyst (AGPA) performs the most complex analytical staff assignments. Must be willing and able to take initiative and work independently to perform as a project lead; may be assigned to a wide range of governmental issues that may be interdisciplinary in nature; will be expected to analyze data and present ideas and information effectively, both verbally and written, to Managed Risk Medical Insurance Board's (MRMIB) management, health plan representatives, Healthy Family Program (HFP) and Access for Infants and Mothers (AIM) members, and external stakeholders.

As a member of the Subscriber Services Unit, the AGPA performs program evaluation and planning in the following areas: 1) Federal Annual Report (FAR) and Legislative Supplement to the FAR; 2) Analysis of the cultural and linguistic and health education services provided to HFP members; 3) Acts as liaison between the Healthy Families Program (HFP) and the California Children's Services Program (CCS) (County and State representatives); 4) Resolves HFP/CCS subscriber issues; and 5) Prepares reports to the federal government, the Legislature, and the Board.

Independently prepares annual reports to the federal government and the Legislature and presents such reports to the Board; Serves as lead analyst for the FAR and Legislative Supplement to the FAR Develops FAR and Legislative Supplement based on federal timelines, ensuring timely submission of the FAR and Legislative Supplement to the FAR; Coordinates with other MRMIB divisions to ensure that all program areas and activities of HFP are effectively presented in both the FAR and the Legislative Supplement to the FAR; Submits the FAR to CMS electronically using the Annual Report Template System (CARTS) ;Responds to CMS questions

Group Needs Assessment (GNA)

Independently develops policy and procedural guidelines for the GNA that HFP plans submit every 5 years.

Distributes and analyzes the Group Needs Assessment (GNA) submitted by the HFP health, dental and vision plans to determine the cultural and linguistic (C&L) and health education needs of their members.

Coordinates with the Department of Health Care Services (DHCS) regarding submission timelines and requirements for completing the GNA.

Develops, distributes, and analyzes the annual C&L survey submitted by HFP health, dental and vision plans.

Compares the C&L survey responses to the GNA to determine if the plans are effectively meeting their members' C&L needs.

Based on the above comparison, prepares and presents an annual C&L survey report for the Board.

The report addresses how well the plans are meeting the C&L needs of HFP members.

Interacts with the plans to determine best practices

Identifies and addresses gaps in plans' abilities to meet C&L needs of their members.

Acts as a liaison with the DHCS for the California Children's Services Program (CCS).

Resolves HFP/CCS subscriber issues by collaboratively working with the HFP plans and CCS county programs.

Ensures compliance with the Memorandum of Understanding (MOU) between the counties and the HFP health, dental and vision plans.

Collects and analyzes CCS and HFP plan data and prepares an annual report on CCS services provided to HFP members.

Presents the annual CCS report to the Board and CCS stakeholders.

Initiates and facilitates semi-annual meetings between DHCS state CCS office, county CCS programs, and HFP staff.

Independently resolves complaints and other issues related to the provision of CCS benefits.

Communicates with HFP subscribers and the health, dental and vision plans both orally and in writing to resolve CCS related issues.

Develops regulations and contract changes regarding the CCS carve-out.

Ensures compliance with all federal and state laws.

Coordinates with DHCS regarding pilot projects involving CCS delivery system changes and the impact of these changes on HFP subscribers.

Represent MRMIB at stakeholder meetings, including meetings with DHCS

DESIRABLE QUALIFICATIONS *(These are skills or abilities specific to this position, such as facilitating workgroups and project management experience.)*

- ♦ Strong analytical and research skills.
- ♦ Ability to work with, and on behalf of, diverse populations
- ♦ Excellent written and oral communication skills.
- ♦ Proficient computer skills, including MS Word, Excel, and PowerPoint.
- ♦ Strong organizational and time management skills.
- ♦ Ability to work on multiple projects and meet deadlines.
- ♦ Ability to work with a wide variety of people, including representatives of health plans and counties.
- ♦ Experience in policy analysis and/or program evaluation.
- ♦ Demonstrated ability to collaborate with and coordinate the work of others.
- ♦ An interest in improving health care access and quality in public programs.
- ♦ Ability to work independently, with minimal direction, and to take initiative to complete assignments.
- ♦ Knowledge of issues related to CSHCN desired

OTHER EXPECTATIONS *(These are expectations for any employee in the department and division.)*

- ♦ Demonstrates commitment to performing duties in a service-oriented manner
- ♦ Demonstrates commitment to maintain a work environment free from discrimination and sexual harassment
- ♦ Maintains good work habits and adheres to all policies and procedures
- ♦ Demonstrates the ability to function as part of a team, work on multiple assignments and meet critical deadlines
- ♦ Acts as liaison with other state agencies, including Department of Health Care Services

Who May Apply: Applications will be accepted from individuals currently in the class or who have list, transfer or reinstatement eligibility to the classification. Only the most qualified candidates will be interviewed. Hire may be restricted to SROA or surplus state employees. Interested parties should submit a Std. 678, State Application (available at www.jobs.ca.gov). In the Explanation Section of the application enter Job ID# 10-BQM-004 and Position # 443-100-5393-731 and the basis for appointment eligibility. For list candidates, attach examination results. **Send to:**

**Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
Attn: Robin Conover – Personnel**

Applications must be RECEIVED in the Personnel Office by 5:00 p.m. on the Final Filing Date: August 31, 2010.

If you have questions regarding this information, please contact Robin Conover at (916) 445-3940.

Equal Employment Opportunity Employer to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.